

FILED JAN 5 1949
Registration District No. 1049

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 10 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Annie Hackbusch
3. (b) If veteran, name war No 3. (c) Social Security None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Capt. H. C. F. Hackbusch 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 10, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 9 _____ hr. _____ min.

9. Birthplace New York New York
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____
12. Name Henry Lindner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Florentine Schulze
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Eldridge
(b) Address 5740 Central street

17. (a) removal (b) Date thereof Dec. 20, 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Leavenworth, Kansas

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd street

19. (a) 12-20-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5740 Central Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 19th
year 1943 hour _____ minute _____ P. 4th

21. I hereby certify that I attended the deceased from Dec 12th
43 to Dec 19 1943
that I last saw h. _____ alive on Dec 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to arteriosclerosis
chronic nephritis
Due to _____

Other conditions (Include pregnancy within 3 months of death) 130

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) 7119
Address [Signature] Date signed 12/20/43

1022
Mr. Dec Wright
Coffin & Gray
Ha 3454
306 E 12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edward J. [Signature]*

Licensed Embalmer No. *481*

P. O. Address *Kansas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.